

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on

Health Department, City of Baltimore.

Permit No. A 1021 Office of Registrar of Vital Statistics.

Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 7/1887
Full Name of Deceased, Chas. J. Whetman
Sex, Male or Female, Male
Age, 6 Years, 18 Months, 18 Days.

Color, White

Married, Single, Widow or Widower, Single

Occupation, Brushed

Birth Place, Long in the United States

Duration of Residence in the City of Baltimore, Life

Place of Death, 1139 Corp. St.

Cause of Death, Chorea Infantis
First (Primary), Chorea Infantis
Second (Immediate), 6 Days

Duration of Last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 8th 1887

Undertaker, John S. Archer

Place of Business, Lucas Camden Address, 833 N. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is respectfully invited to the remarks below, and to the fact that the
Health Department, City of Baltimore.
Permit No. A 1022 Office of Registrar of Vital Statistics. Ward 5th
The Physician who attended any person in a last illness is responsible for the preparation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 6th 1887
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Margaret J. Glenn
Sex, Male or Female, { Cross out the word not required in this line. }
Age, 27 - Years, _____ Months, _____ Days
Color, White
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation, _____
Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany
Duration of Residence in the City of Baltimore, 13 yrs.
Place of Death, { Give Street and Number. } 632 N. Eden St
Cause of Death, { First (Primary), Epithelioma of Uterus & Rectum
Second (Immediate), General Paralysis }
Duration of Last Sickness, 3 mos.

All the above information should be furnished by the Physician.
Place of Burial, Green Mt. Cemetery
Date of Burial, July 7th 1887
{ Undertaker, Wm. S. Macher } W. B. Sullivan M. D. Medical Attendant.
{ Place of Business, No. 200 & Camden } Address, 5 E. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.
SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.
[OVER.]

Health Department, City of Baltimore.

Permit No. A 1023 Office of Registrar of Vital Statistics.

Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, July 6th 1887

Full Name of Deceased, Peter H Buckheit

Sex, Male or Female, Male

Age, 18 Years, 18 Months, 0 Days.

Color, White

Married, Single, Widow or Widower, Single

Occupation, Patternmaker

Birth Place, Baltimore, Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, 1412 Cottingham St.

Cause of Death, Cholera Infantum

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, St. Vincent Cemetery

Date of Burial, July 8th 1887

Undertaker, B. Harley

Place of Business, West Address, 1074 Fort St.

D. A. Brooke M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of

Health Department, City of Baltimore.

Permit No. A 1024 Office of Registrar of Vital Statistics.

Ward 134

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, July 6 '87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Ziegler

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 54 Years, _____ Months, _____ Days.

Color, White ✓

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Laborer

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany - one week

Duration of Residence in the City of Baltimore, One week

Place of Death, { Give Street and Number. } University Hospital

Cause of Death, { First (Primary), Second (Immediate), } Tuberculosis Enteritis
Exhaustion

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, July 8th 1887

Undertaker, M. Pendergast C. W. Mitchell M. D.
Medical Attendant.

Place of Business, 1710 Canton Ave. Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back.

Health Department, City of Baltimore.

Permit No. 1015 Office of Registrar of Vital Statistics.

Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, 5 July 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Robt. James Douglas

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, X Years, 10 Months, 11 Days

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balt.

Duration of Residence in the City of Baltimore, X

Place of Death, { Give Street and Number. } 1511 S. Charles St.

Cause of Death, { First (Primary), Second (Immediate), } Cholera Infantum
Convulsion

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 7-1887

Undertaker, Christian Lundy

Place of Business, 715 Light

B. Leonard

M. D.

Medical Attendant.

Address, 213 N. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back

Health Department, City of Baltimore.

Permit No. A 1026 Office of Registrar of Vital Statistics. Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 6th 1887
Full Name of Deceased, Mattie Mulhorne
Sex, Male or Female, Female
Age, Eight Years, Months Days
Color, White
Married, Single, Widow or Widower, Single
Occupation, None
Birth Place, Baltimore
Duration of Residence in the City of Baltimore, Life
Place of Death, 1313 S. Charles St.
Cause of Death, Cholera Infantum
Collapse
Duration of Last Sickness, 12 hours
All the above information should be furnished by the Physician.
Place of Burial, Green Park
Date of Burial, July 8th 1887
Undertaker, Christy
Place of Business, 715 E. Light
Medical Attendant, Dr. Conway
Address, 108 Conway St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

A. 1027

Office of Registrar of Vital Statistics.

Ward

8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death,

July 7th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.}

James Rheem

Sex, Male or Female, {Cross out the word not required in this line.}

Male

Age,

Years,

5

Months,

Days.

Color,

White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

S

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

City

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death, {Give Street and Number.}

No. 743 Harford Ave.

Cause of Death,

{First (Primary),

Second (Immediate),

Phthisis,

Cholera Infantum

Duration of Last Sickness,

4 days

All the above information should be furnished by the Physician.

Place of Burial,

Holy Redeemer

Date of Burial,

July 8th 1887

{Undertaker,

A. Pinkston

H. P. Remond

M. D.

Medical Attendant.

{Place of Business,

915 N. Gay St.

Address,

722 W. 11th St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1028 Office of Registrar of Vital Statistics. Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 7th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Howard Schammler

Sex, ~~Male~~ or ~~Female~~, { Cross out the word not required in this line. }

Age, 2 Years, 17 Months, 17 Days.

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Bacteriologist

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Whole life

Place of Death, { Give Street and Number. } # 1114 Sassafras St.

Cause of Death, { First (Primary), Second (Immediate), } Convulsions

Duration of Last Sickness, 6 hrs.

All the above information should be furnished by the Physician.

Place of Burial, 5th German Ep. Grave

Date of Burial, July 8th 87

Undertaker, Adolphus Kogler

Place of Business, Sharp & Crook Address, # 677 Columbus Ave

R. C. Smith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. A-1029 Office of Registrar of Vital Statistics.

Ward D

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 6. July 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Marianne Betty

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 61 Years, — Months, — Days

Color, white

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 24 years

Place of Death, { Give Street and Number. } 1113 Orleans ✓

Cause of Death, { First (Primary), Second (Immediate), } Malaria

Duration of Last Sickness, 1 month

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, July 8. 1887

{ Undertaker, John Herzig M. D.

{ Place of Business, 2008 Orleans Address, 10. A. Smith & Co.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1030 Office of Registrar of Vital Statistics. Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 7, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary L. Baker

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 4 Years, 4 Months, — Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Bulk

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Bulk

Duration of Residence in the City of Baltimore, all his life

Place of Death, { Give Street and Number. } 166 W. Cross St

Cause of Death, { First (Primary), Second (Immediate), } Cholera Infantum

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Mount Airy

Date of Burial, July 9th

Undertaker, Henry Brice Herbert B. B. M. D.

Place of Business, Henrietta St. 112 Address, 178 Harrison St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]